							•							
	DATENIT /						_	Α	pplication	or De	ocket Num	ber		
	PATENT A			e Decemb	09/560539									
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED NUMBER E			EXTRA	RATE FEE			1	RATE	FEE		
BASIC FEE									345.00	OR		690.00		
TOTAL CLAIMS			38	minus 2	20= * (8		X\$ 9)=		OR	X\$18=	324		
INDEPENDENT CLAIMS			(minus	3 = *		X39=			X78=	JC			
MULTIPLE DEPENDENT CLAIM PRESENT										OR				
* If	the difference	ımın 1 is	less than ze	column 2	+130=		OR	+260=	2					
		•		•	•	Joidini L	TOTA	\L		OR	TOTAL	1014		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
AMENDMENT A		REM A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*		Minus	**	=	X\$ 9	=		OR	X\$18=			
	Independent	*		Minus	***	= .	X39:	=		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+260=			
٠.		•		,		•	TO	ΓÄL	•		TOTAL			
-		(Col	umn 1)		(Column 2)	(Column 3)	ADDIT. F	EE			ADDIT. FEE			
AMENDMENT B		CI REM	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	,*		Minus	**	= '	X\$ 9	=		OR	X\$18=			
	Independent			Minus	*** PENDENT CLAIM	=	X39=	=		OR	X78=			
	FIRST PRESE	MIAIN	JN OF MI	DUIPLE DE	PENDENT CLAIM	,	+130	- -		OR	+260=			
						TOT ADDIT. F			OR	TOTAL ADDIT. FEE				
			umn 1)		(Column 2)	(Column 3)	*.				,			
ENT C	14-55	REM A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*		Minus	**	=	X\$ 9=	_		OR	X\$18=			
	independent	*	=	Minus	***	=	X39=		. •	OR	X78=			
_	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDENT CLAIM					Un				

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+130=

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL ADDIT. FEE

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 560539

Total Fee Calculation

-		10tal ree Calculation						
	Fre Code	Total # Claims	Number Extra X	Fee .				
	[m.1 ₅ .			Sm. Driny	Lg. Entity	Total		
Back Filling Fe	<u> </u>			·		197		
Total Claims	263.013	38 ::-	18 ×		<u>690 </u>	<u>690</u>		
	202002	1			18	324		
" White Day Chin) - तिस्त्राताः <u>। १८४/१८४</u>							
Sweller; e.	<u> 205/265</u>			-	c	120		
Epglich Translet	jeb <u>136</u>					<u>130</u>		
TOTAL FEE C	ALCULATION .					1144		
Pres due upen	Sing the application:							
Total Filing Fe	73 Duc = S	1144.	OD					
Less Filling Fee	s Submined - \$	4		:				
BALANCE DI	= 2	1,144.0	00					
Office of Initial	Pares Examination				•••			

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